

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-676)

SERIAL NO.

09937322

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2	1		1			
3	2		1			
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
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26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1		1			
41	1		1			
42	1		1			
43	2		2			
44	1		1			
45	1		1			
46	2		2			
47	2		2			
48	2		2			
49	1					
50	2		2			
TOTAL IND.			4			
TOTAL DER.			13			
TOTAL CLAIMS			17			

NO.	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51			2			
52			4			
53			4			
54			4			
55			4			
56			4			
57			4			
58			4			
59			4			
60			4			
61			4			
62			4			
63			4			
64			4			
65			4			
66			4			
67			4			
68			4			
69			4			
70			4			
71			4			
72			4			
73			4			
74						
75			1			
76			1			
77			1			
78			4			
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			8			
TOTAL DER.			0			
TOTAL CLAIMS			117			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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